## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004                                    |  |   |  |   |                              |                                  |         | <b>10</b> 15 74 770 |                        |    |                            |                        |  |
|---|--|---|--|---|------------------------------|----------------------------------|---------|---------------------|------------------------|----|----------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1)                           |  |   |  |   |                              | Column 2)                        |         | SMALL ENTITY TYPE   |                        |    | OTHER THAN OR SMALL ENTITY |                        |  |
| U.S   | . NATIONAL :                                   | STAGE FEES  |  |   |                              |                                  |         | RATE                | FEE                    | ]  | RATE                       | FEE                    |  |
| BAS   | IC FEE   |   |  |   |                              |                                  | 1       | BASIC FEE           |                        | OR | BASIC FEE                  | 300                    |  |
| EXAMINATION FEE   |  |   |  |   |                              |                                  | 1       | EXAM. FEE           |                        | 1  | EXAM. FEE                  | 200                    |  |
| SEARCH FEE  |  |   | F.   |   |                              |                                  | 1       | SEARCH FEE          |                        | 1  | SEARCH FEE                 | 400                    |  |
| FEE FOR EXTRA SPEC. PGS.                                      |  |   | minu                                       | ıs 100 =                                |                              | / 50 =                           | 1       | X \$ 125 =          |                        | 1  | X \$ 250 =                 | ,                      |  |
| TOTAL CHARGEABLE CLAIMS                                       |  |   | 39 min                                     | us 20 =                                 | . 19                         |                                  |         | X \$ 25 =           |                        | OR | X \$ 50 =                  | 950                    |  |
| INDEPENDENT CLAIMS  |  |   | 9 mi                                       | inus 3 =                                | . 6                          |                                  |         | X \$ 100 =          |                        | OR | X \$ 200 =                 | 1200                   |  |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PR   | ESENT                                      |   | <b>.</b>                     |                                  |         | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |  |
| * If  | the difference                                 | in column 1 is  | less than zero                             | , enter "(                              | 0" in co                     | olumn 2                          |         | TOTAL               |                        | OR | TOTAL                      | 3050                   |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |  |   |  |   |                              |                                  | -       | SMALL E             | NTITY                  | OR | OTHER SMALL E              |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |  | NUM                                     | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                 |         | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                      | **                                      |                              | =                                |         | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |  |
|   | Independent                                    | *   | Minus                                      | ***                                     |                              | =                                |         | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |   |                              |                                  |         | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |  |
|   |  |   | <u></u>                                    |   |                              |                                  |         | TOTAL ADDIT.<br>FFF |                        | OR | TOTAL ADDIT.<br>FFF        |                        |  |
|   |  | (Column 1)  |  | (Cal                                    | 2)                           | (Caluma 2)                       |         |                     |                        |    |                            |                        |  |
| AMENDMENT B   |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT   |  | (Colui<br>HIGF<br>NUM<br>PREVIO<br>PAID | IEST<br>IBER<br>OUSLY        | (Column 3) PRESENT EXTRA         |         | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                      | **                                      |                              | =                                |         | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |  |
|   | Independent                                    | *   | Minus                                      | ***                                     |                              | =                                |         | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT (     |   |  |   | CLAIM                        |                                  |         | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |  |
|   |  |   |  |   |                              |                                  |         | TOTAL ADDIT.        |                        | OR | TOTAL ADDIT.               |                        |  |
| * **  | If the "Highest No<br>If the "Highest No       | umn 1 is less than th<br>umber Previously Pa<br>umber Previously Pa<br>mber Previously Paid | iid For" IN THIS SP<br>iid For" IN THIS SP | ACE is les                              | s than '2<br>s than '3       | 0', enter "20".<br>', enter "3". | d in th |                     | c in column            | 1. |                            |                        |  |